CIEW HA

SESPONSE TRANSMITTAL LETTER						Docket Number VPM-00101			
Application Number 10/568,240	Filing Date February 14, 200	First Named Inventor: Naomi NISHIKATA			Group / 2617	Group Art Unit 2617			
Invention Title: MOBILE COMMUNICATION TERMINAL AND APIPROGRAM					PLICATION Examiner HUYNH, Nam Trung			ıg	
TO THE COMMISSION	ER FOR PATEN	ITS							
Transmitted herewith is an amendment in the above-identified application, including:									
 (X) Response to OA; (X) Response Transmittal; and (X) Return Postcard. CLAIMS AS PRESENTED									
	(1)		(2)		(3)				
	CLAIMS AS PRESENTED		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT NUMBER EXTRA	RATE	FEE		
TOTAL CLAIMS	28	Minus	28		0	x \$ 52	\$		
INDEPENDENT CLAIMS	6	Minus	6		0	x \$220	\$		
MULTIPLE DEPENDENT CLAIM ADDED						\$390	\$		
						TOTAL	\$		
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTIT	TY TOTAL	\$		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1. Please charge Deposit Account Number 503596 in the amount of \$ Please charge \$ to our credit card. Attached is PTO Form 2038. A check in the amount of \$ to cover the filing fee is enclosed. Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596. 									
Donard W. Muirhead, Reg. No. 33,978 March 15, 2010 Date Customer No. 54004					I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 15, 2010.				